*	•								1		<del></del>		
	PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number			
Effective December 8, 2004									10/	101585619			
TVDE								SMALL EN	ITITY /	05		R THAN	
U.	S. NATIONAL	STAGE FEES		(Column 1)		(Column 2)	٦			OR <b>T</b>		- ENTITY	
_	SIC FEE			SMALL ENT. = \$ 150		27.717 ~ 6.20	4	RATE	FEE	4	RATE	FEE	
$\vdash$	AMINATION FE	:56	Satisfies PCT /	Article 33(1)-		RGE ENT. = \$ 300 other situations =		BASIC FEE	<del> </del>	OR	BASIC FEE	1/2/1	
		<u></u>	(4) = \$ 50 U.S. is ISA =	50 / \$ 100 \$ 50 / \$ 100	\$	\$ 100 / \$ 200	_ ՝	EXAM. FEE			EXAM. FEE	124	
	ARCH FEE		ALL other co	ALL other countries = \$ 200 / \$ 400		other situations = \$ 250 / \$ 500	=	SEARCH FEE			SEARCH FEE	4/1/	
FEE	E FOR EXTRA	SPEC. PGS.	mir	minus 100 =		/ 50 =	7	X \$ 125 =		1	X \$ 250 =	1/24	
гот	TAL CHARGEA	BLE CLAIMS	57 m	<b>労</b> / minus 20 = ,		7	7	X \$ 25 =	<del>                                     </del>	OR	<del> </del>	185	
INDEPENDENT CLAIMS			13	3 minus 3 = *		<del>-1</del>	7	X \$ 100 =	<del> </del>	OR	<b></b>	HOUS	
		NDENT CLAIM PRI					7	+ \$ 180 =		OR	+ \$ 360 =	+	
, If	the difference	e in column 1 is l	less than zer	o, enter "0	)" in cc	olumn 2	7	TOTAL		OR	TOTAL	111/3	
		CLAIMS AS	^MENDEL	י פאפי	<del>-</del> 11			•	* · · · · · · · · · · · · · · · · · · ·	4	•	OY1-	
_		(Column 1)	AMICHULL	PART - C (Colum		(Column 3)		SMALL E	FNTITY	OR	OTHER SMALL		
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	EST BER DUSLY	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE	
AMENDMENT	Total	*	Minus	**		=	1 !	X \$ 25 =		OR	X \$ 50 =		
AME	Independent	*	Minus	***		=	11	X \$ 100 =		OR	X \$ 200 =	<del> </del>	
	FIRST PRES	ENTATION OF M	IULTIPLE DEP	JLTIPLE DEPENDENT CL			13/	+ \$ 180 =		OR	+ \$ 360 =	<del> </del>	
-							1 1	TOTAL ADDIT.		OR	TOTAL ADDIT.	<del> </del>	
		(O-1 4)	·			٠.	14	· rec L		1	FEE	<u> </u>	
7		(Column 1) CLAIMS		(Column	ST	(Column 3)	7			, r			
N B		REMAINING AFTER AMENDMENT	l _ '	NUMBE PREVIOU PAID FO	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	. [	RATE	ADDI- TIONAL FEE	
AMENDIMENT	Total		Minus	**		=		X \$ 25 =		OR	X \$ 50 =	٢٤٠	
AIVIL	Independent	*	Minus	***	-	= .		X \$ 100 =		-	X \$ 200 =		
	FIRST PRESE	ENTATION OF MU	JLTIPLE DEPE	ENDENT CL	_AIM			+ \$ 180 =		OR	+ \$ 360 =		
			<u> </u>					TOTAL ADDIT.		L	TOTAL ADDIT.		
				:		,		FLL			FEE		
٠,		er er er ett og atto											
II	if the "Highest Num	mn 1 is less than the e	For IN THIS SPA	ACF is loce th	than '20'	antar IIOOII	E	Barbara Campbe	ell, PCT Na	itional S	Stage Division		
- 0	i lile Highest Num	mber Previously Paid I ber Previously Paid F	I For' IN THIS SPA	ACF is less th	than '3' a	enter "2"	t in the						